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10:48am

From-Norris McLaughlin & Marcus

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T-952 P.005/007 F-841

Attorney Docket No. Bayer 10,244.1
Le A 36 600-US

COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

DIAPHRAGM PUMP

the specification of which was filed on June 20, 2003 as application Serial No. 10.600,299.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

102 16 146.1
(Number)

Germany
(Country)

12 April 2002
(Day/Month/Yr. Filed)

☒ yes ☐ no

(Number)

(Country)

(Day/Month/Yr. Filed)

☐ yes ☐ no

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

Received from <+2128080844> at 9/26/03 11:45:05 AM [Eastern Daylight Time]

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FULL NAME OF SOLE OR SECOND INVENTOR: Bernhard KRUMBACH
INVENTOR'S SIGNATURE: Bernhard Krumbach DATE: 2003-09-13
RESIDENCE: Kuhlmannweg 37, 51375 Leverkusen, Germany CITIZENSHIP: German
POST OFFICE ADDRESS: same as above

FULL NAME OF SOLE OR THIRD INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR FOURTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR FIFTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR SIXTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____

FULL NAME OF SOLE OR SEVENTH INVENTOR: _____
INVENTOR'S SIGNATURE: _____ DATE: _____
RESIDENCE: _____ CITIZENSHIP: _____
POST OFFICE ADDRESS: _____